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UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hideto SUGAWARA et al.

Serial No: 10/806,681

Confirmation No: 1159

Filed: March 23, 2004

 For: Group III Nitride Semiconductor Stack, Method of
 Manufacturing the Same, and Group III Nitride
 Semiconductor Device

Art Unit: 2891

Examiner: Sarkar, Asok K.

 I hereby certify that this correspondence is
 being deposited with the United States Postal
 Service with sufficient postage as first class
 mail in an envelope addressed to:
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 March 21, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

3/21/2006

Date

 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.
☒ Return postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	5	-	3 ***	2	LG=\$200 SM=\$100	\$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1, 6, 8, 16 and 20					TOTAL	\$ 400

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$400 for the additional claims fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

 Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: March 21, 2006

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Appl. No. 10/806,681
Amdt. dated March 21, 2006
Reply to Office Action of December 21, 2005

Atty. Ref. 81912.0009
Customer No. 26021

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 21, 2005, please amend this
application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

03/28/2006 HLE333 00000003 501314 10806681

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